

## Early Neutral Evaluation Provider PASS Roster Supplemental Application

<b>Name:</b>	
<b>For which ENE program(s) are you applying?</b>	<div style="margin-bottom: 10px;"> <b><u>1<sup>st</sup> District</u></b>  Carver:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Goodhue:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  McLeod         <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Scott:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Sibley:          <input type="checkbox"/> SENE <input type="checkbox"/> FENE </div> <div style="margin-bottom: 10px;"> <b><u>3<sup>rd</sup> District</u></b>  Olmsted:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Winona:        <input type="checkbox"/> SENE <input type="checkbox"/> FENE </div> <div style="margin-bottom: 10px;"> <b><u>5<sup>th</sup> District</u></b>  Blue Earth:    <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Brown:          <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Cottonwood:   <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Faribault:      <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Jackson:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Lincoln:        <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Lyon:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Martin:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Murray:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Nicollet:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Nobles:         <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Pipestone:     <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Redwood:       <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Rock:           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Watsonwan:     <input type="checkbox"/> SENE <input type="checkbox"/> FENE </div> <div style="margin-bottom: 10px;"> <b><u>9<sup>th</sup> District</u></b>  Itasca:          <input type="checkbox"/> SENE <input type="checkbox"/> FENE </div> <div style="margin-bottom: 10px;"> <b><u>10<sup>th</sup> District</u></b>  Anoka           <input type="checkbox"/> SENE <input type="checkbox"/> FENE  PICK (Pine, Isanti, Chisago, Kanabec—unified program, must apply to all 4 counties separately in PASS) <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Sherburne      <input type="checkbox"/> SENE <input type="checkbox"/> FENE  Wright          <input type="checkbox"/> SENE <input type="checkbox"/> FENE </div> <div> <b><u>Equal Access ENE</u></b>  Counties Selected in PASS   <input type="checkbox"/> SENE <input type="checkbox"/> FENE </div>
<b>Have you ever received a public reprimand from the ADR Ethics Board?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
<b>Have you ever been removed from the State ADR Roster by the ADR Ethics Board?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.

## Early Neutral Evaluation Provider PASS Roster Supplemental Application

<b>Are you currently in good standing with the ADR Ethics Board?</b>	<input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation.
<b>SENE Ride-alongs:</b>	SENE Ride-along #1: Date: _____ With Provider A: _____ Provider B: _____ <hr/> SENE Ride-along #2: Date: _____ With Provider A: _____ Provider B: _____ <hr/> <input type="checkbox"/> I am requesting a waiver of the SENE Ride-along requirement based on my experience performing <i>court-ordered</i> SENEs in (an)other ENE Program(s) as a SENE Provider.  <b><i>Please attach your ride-along certificates.</i></b>
<b>FENE Ride-along(s):</b>	FENE Ride-along #1: Date: _____ With Provider: _____ <hr/> FENE Ride-along #2: Date: _____ With Provider: _____ <hr/> <input type="checkbox"/> I am requesting a waiver of the FENE Ride-along requirement based on my experience performing <i>court-ordered</i> FENEs in (an)other ENE Program(s) as a FENE Provider.  <b><i>Please attach your ride-along certificates.</i></b>
<b>Membership on other ENE Program Rosters:</b>	I am/was a member of the following ENE Program Rosters: County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past County: _____ <input type="checkbox"/> SENE <input type="checkbox"/> FENE <input type="checkbox"/> Current <input type="checkbox"/> Past Attach an additional list if more lines are needed.
<b>Performance of court-ordered ENEs as a member of the ordering court's ENE Roster:</b>	I have performed the following number of court-ordered ENEs in this/these Program(s) as a member of the ordering court's ENE Roster: County: _____ # of SENEs: _____. County: _____ # of FENEs: _____. County: _____ # of SENEs: _____. County: _____ # of FENEs: _____. County: _____ # of SENEs: _____. County: _____ # of FENEs: _____. County: _____ # of SENEs: _____. County: _____ # of FENEs: _____.

## Early Neutral Evaluation Provider PASS Roster Supplemental Application

<b>Have you Ever been removed from an ENE roster for any reason?</b>	<input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
<b>If You a Licensed Attorney or Retired Attorney:</b>	<p>Are you in good standing with the Professional Responsibility Board of each state in which you are, or were, licensed?</p> <input type="checkbox"/> Yes. <input type="checkbox"/> No. If no, attach an explanation.
	<hr/> <p>Have you ever had any form of public discipline against you as an attorney, including, but not limited to, public reprimand, license suspension, or license revocation?</p> <input type="checkbox"/> No. <input type="checkbox"/> Yes. If yes, attach an explanation.
	<hr/> <p>If you are a retired attorney, are you retired with a license in good standing?</p> <input type="checkbox"/> No. <input type="checkbox"/> Yes.
<b>If You are a Licensed Mental Health, Social Worker, Therapist, Certified Public Accountant, or hold another Professional License, other than an attorney's license:</b>	<p><b>If you have not previously emailed a copy of your <u>current</u> license to <a href="mailto:PASS@courts.state.mn.us">PASS@courts.state.mn.us</a>, make sure to do so.</b></p> <p><b>For each license, please answer here:</b></p> <ol style="list-style-type: none"> <li>1) type of license;</li> <li>2) Are you in good standing with the granting board or authority for each license? If no, include an explanation.</li> <li>3) Have you ever had any form of public discipline against your professional license, including, but not limited to, public reprimand, license suspension, or license revocation? If yes, include an explanation.</li> </ol>
<b>Work Experience:</b>	<p>Number of years working substantially with families in divorce- or custody- related work?: _____</p> <p>Primary nature of your work: _____</p> <p>_____</p> <p>(attach additional paper if needed)</p>
<b>Ability to Give a Valid Evaluative Opinion:</b>	<p>Please attach an explanation as to <i>why you believe you possess enough expertise/experience to give a valid evaluative opinion as to what a court would do in a family law case involving custody and parenting time (if applying for SENE) or financial issues (if applying for FENE), or both (if applying for both).</i></p>
<b>Signature:</b>	<p>I acknowledge the above application, and all attached materials, are true and correct to the best of my ability.</p> <p>Applicant's Signature: _____</p> <p>Date: _____</p>

## **Early Neutral Evaluation Provider PASS Roster Supplemental Application**

- You may submit a letter of recommendation from a provider (or providers) with whom you have partnered for SENEs or from an attorney who represented a party during an FENE you performed along with your application.
- Be sure to attach all requested additional information and documentation to one email.
- Send the completed Supplemental Application and all attachments to: [PASS@courts.state.mn.us](mailto:PASS@courts.state.mn.us).